PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999										
CL	AIMS AS FILE (Column 1)	(Col	urm 2)	TYPE		OR	OTHE	THAN		
FOR	NUMBER FILE			RATE	FEE]	RATE	FEE		
BASIC FEE					345.00	OR		690.00		
TOTAL CLAIMS	120- · C		X3 9-		OR	X\$10-	0			
DIDEPENDENT CLAMS 4 minus 3 - "						OR	X79-	28		
MUTIPLE DEPENDENT	CLAM PRESENT	+130+			+280+					
If the difference in col		TOTAL	-	OR		K.E				
A CLAIMS AS AMENDED - PART II OTHER THAN										
	MARCHO PTEA MONENT SEE	(Column 2) HOLINEST MUMBER PREVIOUSLY AND FOR	PRESENT EXTRA	PATE	ADD- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total	(d.)	-24	-1	X\$ 9-	1.	ОR	X\$10=			
Independent - FIRST PRESENTATI	of Man	- 4		35306	(OF1	XX-			
	ON OF MULLIPLES	JEPENDENI CUM		+130_		ler(+280			
2/22/05	•	•		TOTAL		-	TOTAL			
7 700	lumo 1)	ADDIT, FEE		,	ACOIT, PEE					
	MARING TO THE PROPERTY OF THE	S MINES	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
Total - (2	- 24	- 8	X3-		OR	X\$18=			
Independent •	Minus	- 4	6	· X39-		OR	X78-			
THIS PRESENTAL				+130=		OR	+200-			
4/4/05 8	ice H led			ADDIE PER		OR	ADDIT FEE			
		173.0E 1800 371	(Column 3)							
	ALDERIA ALDERIA	HELMISER PREVIOLISEY PAID FOR	PRESENT ECTRA .	RATE	ADDI- TICHAL FEE		RATE	ADOI- TIONAL FEE		
Total .	Mirros	- २५	-Ø	74 S-		OR	X\$18-			
Independent -	2 Marie	4	10	100-		OR	X79-			
PARST PRESENTATI	CHI CIT MOLTPLE	+130-		OF	1290a					
" If the eatry in column 1 is	tone that the ordy in a	sions 2, with With or	dima.	JOIAL		OR I	TOTAL			
* If the eastly in column 1 in term than the eastly in column 2, write "V" in column 3. ** If the "Highest Humber Provincely Point For" IN THES SPINCE in term than 20, easter "20." ** If the "Highest Humber Provincely Point For" IN THES SPINCE in less than 3, easter "3." **The "Highest Humber Provincely Point For" (Bland or Independent) in the Highest quantum terms in the appropriate than 1.										
COLUMN TO THE STATE OF THE STAT										

	PATENT APPLICATION SEE DETERMINE						Application or Docket Number							
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004							69/658141						
ı	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
	TOTAL CLAIMS			(Column 1) (Column 2)] T	YPE		(DR _		L ENTITY	
	FOR		Allaka	NUMBER FILED NUMBER F			}	RATE FEE				RATE	FEE	
$\ \cdot\ $	TOTAL CHARGEABLE CLAIMS			minus 20=		ABER EXTRA	BASIC FEE		EE 150.	.00	OR B	ASIC FE	E 300.00	
ľ	INDEPENDENT CLAIMS			minus 3 = *			X\$ 25=		-	c	R	X\$50=		
	MULTIPLE DEPENDENT CLAIM PR		PRESENT				X100=			_ 0	R	X200=		
١.	* If the difference in column 1 is less than zero, enter "0" in column 2													
	/ /	CLAIMS AS				column 2	1	OTAL		$\Box \circ$	RI	OTAL		
_	11000	(Column 1)		(Colum	n 2)	(Column 3)	s	MALL	ENTITY	Y OF			THAN	
AMENDMENT A		REMAINING AFTER AMENDMENT	ı	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	F	RATE	ADDI TIONA FEE	\L	Γ	RATE	ADDI- TIONAL FEE	
ENO ENO	Independent	• 17	Minus	1 29	7_	=	Х	\$ 25=		OF	X	\$50=		
₹	FIRST PRES	I* 3 ENTATION OF N	Minus MULTIPLE D	FPENDENT C	C AIRA	<u> </u>	X	100=		OF	X	200=	206	
				er Endert e			+1	180=		OR	1	360=		
								TOTAL T. FEE		OR	<u></u>	TOTAL IT. FEE	PAM	
-	T	(Column 1)	7	(Column		(Column 3)					مال	11. FEE 5	224.34	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		R/	ATE .	ADDI- TIONAL	
ב עם	Total		Minus	** ;		=	XS	25=	<u> </u>		Y¢	50=	FEE	
AME	Independent	*	Minus	***		=	XII			OR		00=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT CL	AIM		-			OR		_		
							+18	OTAL		OR	+36	OTAL		
		(Column 1)		(Column 2))\	Column 3)	ADDIT.	FEE L		OR ,	דוסטי	FEE		
		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUS		PRESENT			ADDI-	Γ			ADDI-	
-	l Total	AMENDMENT		PAID FOR		EXTRA	RAT		ONAL FEE		RA		IONAL FEE	
-}-			Minus Minus	**	_		X\$ 2	5=		OR	X\$5	0=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X100)=		OR	X20	0=			
							+180	=			+360) <u> </u>		
	ine ingriest Rufff	n 1 is less than the ber Previously Paid	I FOR IN THIS	SDACE in Inna	4b A		TO	TAL		L		TAL		
•• •	the trichical MAIII	ber Previously Paid er Previously Paid	I MAY IN THIC	CDACCIALAGE	46		ADDIT. F	EE		OR AD	י חת			
		-		. ,	ing	oc. nomber 100	110 WI UIE	ahhtob	riatie DOX (ın colum	ın 1.			